

# Licensure Bureau CERTIFICATE OF NEED PROGRAM MONTHLY REPORT August 2016

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	МТН	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
Blackfeet Tribal Nursing Home	Browning	Replace existing nursing home facility	Over \$1.5 Million	2/4/16	Mar 2016	N	7/11/16	7/8/16		10/6/16		
Bellwood Ranch, LLC	Simms	Establish inpatient chemical dependency treatment	\$25,000	3/31/16	April 2016	N	8/15/16	8/15/16		11/13/16		
Glacier County Mobile Community Healthcare	Cut Bank	Establish home health services	N/A	4/26/16	May 2016	N	9/12/16					

\* First-year operating cost HHA (may not be strictly comparable).

Name of facility in **BOLD** indicates a new request for report month.

## **LEGEND**

ASC Ambulatory Surgical Center

**CDU** Chemical Dependency Unit

**CO** County

**CR** Comparative Review

**DEC** Decision

**DISMISS** Appeal dismissed

FAC Facility

**HHA** Home Health Agency

**H** Hospital

IHS Indian Health Service

LOI Letter of Intent

LTC Long-Term Care

MTH Month of Notice

NH Nursing Home

NR Non-Reviewable Project

N/A Not Applicable

**REC REQ** Reconsideration Hearing of Decision

**REQ** Request

**SNF** Skilled Nursing Facility

**TBA** To Be Announced

TBI Traumatic Brain Injury

**10/10** Ten Bed/Ten Percent Rule (50-5-301, MCA)

 ${f N}$  Disapproval or No  ${f Y}$  Approval or Yes



# Licensure Bureau CERTIFICATE OF NEED PROGRAM MONTHLY REPORT July 2016

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	мтн	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
Blackfeet Tribal Nursing Home	Browning	Replace existing nursing home facility	Over \$1.5 Million	2/4/16	Mar 2016	N	7/11/16	7/8/16		10/6/16		
Bellwood Ranch, LLC	Simms	Establish inpatient chemical dependency treatment	\$25,000	3/31/16	April 2016	N	8/15/16					
Glacier County Mobile Community Healthcare	Cut Bank	Establish home health services	N/A	4/26/16	May 2016	N	9/12/16					

\* First-year operating cost HHA (may not be strictly comparable).

Name of facility in **BOLD** indicates a new request for report month.

**LEGEND** 

**ASC** Ambulatory Surgical Center

**CDU** Chemical Dependency Unit

**CO** County

**CR** Comparative Review

**DEC** Decision

**DISMISS** Appeal dismissed

FAC Facility

**HHA** Home Health Agency

**H** Hospital

IHS Indian Health Service

LOI Letter of Intent

LTC Long-Term Care

MTH Month of NoticeNH Nursing Home

NR Non-Reviewable Project

N/A Not Applicable

**REC REQ** Reconsideration Hearing of Decision

**REQ** Request

**SNF** Skilled Nursing Facility

**TBA** To Be Announced

TBI Traumatic Brain Injury

**10/10** Ten Bed/Ten Percent Rule (50-5-301, MCA)

**N** Disapproval or No **Y** Approval or Yes



## Licensure Bureau CERTIFICATE OF NEED PROGRAM MONTHLY REPORT June 2016

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	мтн	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
Benefis Spectrum Medical	Havre	Expansion of home health service area	\$50,000	10/26/15	Nov 2015	N	3/10/16	3/9/16		6/7/16	Y 6/2/16	
Blackfeet Tribal Nursing Home	Browning	Replace existing nursing home facility	Over \$1.5 Million	2/4/16	Mar 2016	N	7/11/16					
Bellwood Ranch, LLC	Simms	Establish inpatient chemical dependency treatment	\$25,000	3/31/16	April 2016	N	8/15/16					
Glacier County Mobile Community Healthcare	Cut Bank	Establish home health services	N/A	4/26/16	May 2016	N	9/12/16					

\* First-year operating cost HHA (may not be strictly comparable).

Name of facility in **BOLD** indicates a new request for report month.

**LEGEND** 

**ASC** Ambulatory Surgical Center

**CDU** Chemical Dependency Unit

**CO** County

**CR** Comparative Review

**DEC** Decision

**DISMISS** Appeal dismissed

**FAC** Facility

**HHA** Home Health Agency

**H** Hospital

**IHS** Indian Health Service

LOI Letter of Intent

LTC Long-Term Care

MTH Month of Notice

NH Nursing Home

NR Non-Reviewable Project

N/A Not Applicable

**REC REQ** Reconsideration Hearing of Decision

**REQ** Request

**SNF** Skilled Nursing Facility

**TBA** To Be Announced

TBI Traumatic Brain Injury

**10/10** Ten Bed/Ten Percent Rule (50-5-301, MCA)

N Disapproval or No Y Approval or Yes



# Licensure Bureau CERTIFICATE OF NEED PROGRAM MONTHLY REPORT May 2016

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	мтн	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
Benefis Spectrum Medical	Havre	Expansion of home health service area	\$50,000	10/26/15	Nov 2015	N	3/10/16	3/9/16		6/7/16		
Immanuel Lutheran Communities	Kalispell	Renovation of a portion of existing skilled nursing facility	Over \$1.5 Million	11/30/15	Dec 2015	N	2/29/16	2/17/16	N	5/17/16	Y 4/6/16	N/A
Blackfeet Tribal Nursing Home	Browning	Replace existing nursing home facility	Over \$1.5 Million	2/4/16	Mar 2016		7/11/16					
Bellwood Ranch, LLC	Simms	Establish inpatient chemical dependency treatment	\$25,000	3/31/16	April 2016		8/15/16					
Glacier County Mobile Community Healthcare	Cut Bank	Establish home health services	N/A	4/26/16	May 2016							

\* First-year operating cost HHA (may not be strictly comparable).

Name of facility in **BOLD** indicates a new request for report month.

**LEGEND** 

**ASC** Ambulatory Surgical Center

**CDU** Chemical Dependency Unit

**CO** County

**CR** Comparative Review

**DEC** Decision

**DISMISS** Appeal dismissed

**FAC** Facility

**HHA** Home Health Agency

**H** Hospital

IHS Indian Health Service

LOLL attain of listaint

LOI Letter of Intent

LTC Long-Term Care

MTH Month of Notice

NH Nursing Home
NR Non-Reviewable Project

N/A Not Applicable

**REC REQ** Reconsideration Hearing of Decision

**REQ** Request

**SNF** Skilled Nursing Facility

**TBA** To Be Announced

TBI Traumatic Brain Injury

**10/10** Ten Bed/Ten Percent Rule (50-5-301, MCA)

 ${f N}$  Disapproval or No  ${f Y}$  Approval or Yes



### **Licensure Bureau CERTIFICATE OF NEED PROGRAM MONTHLY REPORT** April 2016

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	мтн	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
Benefis Spectrum Medical	Havre	Expansion of home health service area	N/A	10/26/15	Nov 2015	N	3/10/16	3/9/16		6/7/16		
Immanuel Lutheran Communities	Kalispell	Renovation of a portion of existing skilled nursing facility	Over \$1.5 Million	11/30/15	Dec 2015	N	2/29/16	2/17/16		5/17/16	Y 4/6/16	
Blackfeet Tribal Nursing Home	Browning	Replace existing nursing home facility	Over \$1.5 Million	2/4/16	Mar 2016							
Beta Factor Home Care, LLC Rocky Mountain Home Care II, LLC	Butte Billings	Change of Ownership	N/A	2/29/16	N/A	NR	N/A	N/A	N/A	N/A	N/A	N/A
Bellwood Ranch, LLC	Simms	Establish inpatient chemical dependency treatment	\$25,000	3/31/16	April 2016							
Glacier County Mobile Community Healthcare	Cut Bank	Establish home health services	N/A	4/26/16	May 2016							

\* First-year operating cost HHA, (may not be strictly comparable).

Name of facility in BOLD indicates a new request for report month.

LEGEND:

**ASC** Ambulatory Surgical Center **H** Hospital

**CDU** Chemical Dependency Unit IHS Indian Health Service **REQ** Request

**CO** County LOI Letter of Intent **SNF** Skilled Nursing Facility

**CR** Comparative Review LTC Long-Term Care

**DEC** Decision MTH Month of Notice TBI Traumatic Brain Injury

**DISMISS** Appeal dismissed **NH** Nursing Home 10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)

**FAC** Facility NR Non-Reviewable Project N Disapproval or No Y Approval or Yes

**HHA** Home Health Agency N/A Not Applicable DATES Month/Day/Year

**REC REQ** Reconsideration Hearing of Decision

TBA To Be Announced



## Licensure Bureau CERTIFICATE OF NEED PROGRAM MONTHLY REPORT March 2016

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	мтн	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
Benefis Spectrum Medical	Havre	Expansion of home health service area	N/A	10/26/15	Nov 2015	N	3/10/16	3/9/16		6/7/16		
Immanuel Lutheran Communities	Kalispell	Renovation of a portion of existing skilled nursing facility	Over \$1.5 Million	11/30/15	Dec 2015	N	2/29/16	2/17/16		5/17/16		
Blackfeet Tribal Nursing Home	Browning	Replace existing nursing home facility	Over \$1.5 Million	2/4/16	Mar 2016							
Beta Factor Home Care, LLC Rocky Mountain Home Care II, LLC	Butte Billings	Change of Ownership	N/A	2/29/16	N/A	NR	N/A	N/A	N/A	N/A	N/A	N/A
Bellwood Ranch, LLC	Simms	Establish inpatient chemical dependency treatment	\$25,000	3/31/16	April 2016							

#### LEGEND:

ASC Ambulatory Surgical Center H Hospital REC REQ Reconsideration Hearing of Decision

CDU Chemical Dependency Unit IHS Indian Health Service REQ Request

CO County LOI Letter of Intent SNF Skilled Nursing Facility

CR Comparative Review LTC Long-Term Care TBA To Be Announced

DEC Decision MTH Month of Notice TBI Traumatic Brain Injury

**DISMISS** Appeal dismissed **NH** Nursing Home **10/10** Ten Bed/Ten Percent Rule (50-5-301, MCA)

FAC Facility

NR Non-Reviewable Project

N Disapproval or No

Y Approval or Yes

HHA Home Health Agency N/A Not Applicable DATES Month/Day/Year

<sup>\*</sup> First-year operating cost HHA (may not be strictly comparable). Name of facility in **BOLD** indicates a new request for report month.



## Licensure Bureau CERTIFICATE OF NEED PROGRAM MONTHLY REPORT February 2016

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	мтн	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
Glacier Ridge Recovery & Treatment Center	Kalispell	Establish an inpatient chemical dependency treatment facility	Less than \$950,000	Revised 10/6/15	Oct 2015	N	3/10/16					
Benefis Spectrum Medical	Havre	Expansion of home health service area	N/A	10/26/15	Nov 2015	N	3/10/16					
Mountain View Care Center, Inc.	Ronan	Change of ownership	N/A	11/27/15	N/A	NR	N/A	N/A	N/A	N/A	N/A	N
Immanuel Lutheran Communities	Kalispell	Renovation of a portion of existing skilled nursing facility	Over \$1.5 Million	11/30/15	Dec 2015	N	2/29/16	2/17/16				
Blackfeet Tribal Nursing Home	Browning	Replace existing nursing home facility	Over \$1.5 Million	2/4/16	March 2016							

<sup>\*</sup> First-year operating cost HHA, (may not be strictly comparable)

Name of facility in **BOLD** indicates a new request for report month

#### LEGEND:

**ASC** Ambulatory Surgical Center

**REC REQ** Reconsideration Hearing of Decision

**CDU** Chemical Dependency Unit

**IHS** Indian Health Service

·

**REQ** Request

**CO** County

**LOI** Letter of Intent

**H** Hospital

**SNF** Skilled Nursing Facility

**CR** Comparative Review

LTC Long-Term Care TBA To Be Announced

**DEC** Decision

MTH Month of Notice TBI Traumatic Brain Injury

**DISMISS** Appeal dismissed

NH Nursing Home 10/10 Ten Bed/Ten Percer

**FAC** Facility

**10/10** Ten Bed/Ten Percent Rule (50-5-301, MCA)

HHA Home Health Agency

NR Non-Reviewable Project

N Disapproval or No Y Approval or Yes

**N/A** Not Applicable



### Licensure Bureau

### CERTIFICATE OF NEED PROGRAM MONTHLY REPORT

## January 2016

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	МТН	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
Glacier Ridge Recovery & Treatment Center	Kalispell	Establish an inpatient chemical dependency treatment facility	Less than \$950,000	Revised 10/6/15	Oct 2015	N	3/10/16					
Benefis Spectrum Medical	Havre	Expansion of home health service area	N/A	10/26/15	Nov 2015		3/10/16					
Mountain View Care Center, Inc.	Ronan	Change of ownership	N/A	11/27/15		NR						
Immanuel Lutheran Communities	Kalispell	Renovation of a portion of existing skilled nursing facility	Over \$1.5 Million	11/30/15	Dec 2015		2/29/16					

### LEGEND:

ASC Ambulatory Surgical Center H Hospital REC REQ Reconsideration Hearing of Decision

CDU Chemical Dependency Unit IHS Indian Health Service REQ Request

CO County LOI Letter of Intent SNF Skilled Nursing Facility

CR Comparative Review LTC Long-Term Care TBA To Be Announced

DEC Decision MTH Month of Notice TBI Traumatic Brain Injury

**DISMISS** Appeal dismissed **NH** Nursing Home **10/10** Ten Bed/Ten Percent Rule (50-5-301,MCA)

FAC Facility NR Non-Reviewable Project N Disapproval or No Y Approval or Yes

HHA Home Health Agency N/A Not Applicable DATES Month/Day/Year

Name of facility in **BOLD** indicates a new request for report month

<sup>\*</sup> First-year operating cost HHA, (may not be strictly comparable)